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Bib Data Sheet

SERIAL NUMBER 10/798,930	FILING DATE 03/11/2004 RULE	CLASS 297	GROUP ART UNIT 3636	ATTORNEY DOCKET NO. 0739D-000112					
APPLICANTS Scott Fast, Macomb Township, MI;									
** CONTINUING DATA ***** <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> (None) SCB </div>									
** FOREIGN APPLICATIONS ***** <div style="display: flex; justify-content: center; align-items: center; gap: 20px;"> (None) SCB </div>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/27/2004									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 5px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <i>Sarah C. Burden</i> Examiner's Signature </div> <div style="text-align: center;"> SCB Initials </div> </div> </td> <td style="width:15%; padding: 5px;"> STATE OR COUNTRY MI </td> <td style="width:15%; padding: 5px;"> SHEETS DRAWING 12 </td> <td style="width:15%; padding: 5px;"> TOTAL CLAIMS 22 </td> <td style="width:10%; padding: 5px;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <i>Sarah C. Burden</i> Examiner's Signature </div> <div style="text-align: center;"> SCB Initials </div> </div>	STATE OR COUNTRY MI	SHEETS DRAWING 12	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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ADDRESS 27572 HARNESS, DICKEY & PIERCE, P.L.C. P.O. BOX 828 BLOOMFIELD HILLS , MI 48303									
TITLE Round recliner assembly with rear folding latch									
FILING FEE RECEIVED 806	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 5px;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width:40%; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____			
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